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TRAINING SHIP 'RAHAMAN'

SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION

Registered under the societies Registration Act, 1860 (Act XXI of 1860) and Public Trust Act, 1950 (Maharashtra State) Reg. Off.: Jahaz Mahal Annexe, 170-K Samander Point. Estate, Worli, Mumbai 400 018.

APPLICATION FORM FOR BA CULINARY ARTS

(AFFILIATED TO UNIVERSITY OF MUMBAI)

(Strictly to be filled by the candidate in his/her own hand writing. Taking help from others may result in cancellation of candidature.)

		BATCH NO:	
Passport size Photograph with white shirt & light background		DATE OF COMMENCEMENT :	
		1) FULL NAME (Block letters): (AS STATED IN PASSPORT / SCHOOL LEAVING CERTIFICATE) 2) NATIONALITY:	
		DD/MM/YYYY	
4) a)	RELIGION	3) DATE OF BIRTH: PLACE OF BIRTH	
c)	ABCNO	d) VoterIDNo.	
e)	Passport No	f) Aadhar Card No.	
g)	CATEGORY-	PLEASE TICK THE APPROPRIATE	
Open	OBC	SC ST ST DT VJ Other	
5) PERM	IANENTADDRE	SS: V	
·			
E-MA	IL:	PIN: TELNO:	
6) ACAE	DEMIC QUALIFIC	CATIONS:	
7) LAST	SCHOOL/COL	LEGE NAME & ADDRESS:	
		PINCODE	
8) NAME OF PARENTS/LOCAL GUARDIANRELATIONSHIP:			
FULL	ADDRESS:		
E-MA	IL:	PIN: TEL NO:	
1		, Anti-ragging Ref Noapply for BACULINARY ARTS do hereby solemnly	
affirm that the institution fully complies with an anti-ragging policy as promulgated by the University Grant Commission (UGC). With reference to this, I do hereby confirm that I will strictly comply with said UGC anti-ragging policy.			
DATE	i:	SIGNATURE OF CANDIDATE :	
TSR:B	ACA:CHECKLI	ST1 (FOR OFFICE USE ONLY)	
i. 12th sta educati 10th / 1 ii. Origina Nos. (i), (ii)	on board Pass wit 2th standard exan I school leaving / c originals retained	lon: y stream) with any recognized education board & diploma of minimum two years duration from any recognized h aggregate 40% marks in 10th Standard Candidates must have secured minimum 40% marks in English in ms (Original with 4 copies) iii. Medical fitness certificate from doctor approved by the college. iv. 20 copies of passport size and 10 stamp size photograph with white shirt, light back ground. v. Original migration certificate vi. Fee receipt	
		Date Verified by:	
	ed All original Cert		
Name:		Signature of Candidate & Date	

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UNDER TAKING BY THE CANDIDATE'S PARENT/LOCAL GUARDIAN:

The Principal -TSR / Director-Catering Training,
Training Ship "Rahaman", Nhava, Panvel Taluka, Dist. Raigad-410206 - Maharashtra.
Sir,
I undertake to pay the training charges in full or installments as per the prescribed fee schedule. If I fail to make the aforesaid payments, and, if it is found that during the period of training my son / ward has deliberately flouted the rules and regulations of the Training Ship, the Disciplinary Committee of the Institution shall be at liberty to discontinue his training and ask him to leave the Training Ship at any time. I also give an undertaking that the Governing Council, Management, or any other Foundation Staff will not be held responsible in any way whatsoever, for any accident or injury suffered by my son / ward during the course of his training at Nhava, or whilst going / returning from shore leave or whilst on shore leave.
I do hereby solemnly affirm that the institution fully complies with an anti-ragging policy as promulgated by the University Grant Commission (UGC). With reference this I do hereby confirm that my son/daughter/ward will strictly comply with said UGC anti-ragging policy.
Further I consent to any emergency medical treatment of my ward including hospitalisation which might become necessary, and I agree to pay for the same.
Name & Signature of Parent / Local Guardian.
Date:
How did you come to know about T.S. Rahaman News Paper / Career Seminar Reference Social Media Other
I read & understood the policies rules &
regulations of Training Ship Rahaman and shall abide by it NOT WORDS
Name & Signature of Candidate
Date :